

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/616513
APPLICANT(S)
FILING DATE
7-9-03

CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
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43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
51						TOTAL IND.	
52						TOTAL DEP.	
53						TOTAL FEES	
54						AMOUNT PAID	
55						AMOUNT DUE	
56						AMOUNT REFUNDED	
57						AMOUNT REFUNDED	
58						AMOUNT REFUNDED	
59						AMOUNT REFUNDED	
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97						AMOUNT REFUNDED	
98						AMOUNT REFUNDED	
99						AMOUNT REFUNDED	
100						AMOUNT REFUNDED	

*MAY DO -- ADD ADDITIONAL CLAIMS OR AMENDMENTS

100% REFUND ON 1ST 100 CLAIMS OR AMENDMENTS

Partial One Thousand More